Kids Care Pediatric Associates, P.C.
2266 Dutch Broadway, Elmont, NY 11003
T: 516-775-0493 F: 516-775-0424
Email: info@kids-care.com

WRITTEN NOTICE OF REVOCATION
OF
AUTHORIZATION TO USE AND DISCLOSE HEALTH INFORMATION

Individual's Name: _____
Last First Middle

Home Address:

Home Telephone: _____ **Date of Birth:** _____

I hereby revoke the authorization generated by me on _____ [insert date], a copy of which is attached to this form.

I understand that this revocation will not be valid to the extent that the Practice has already acted in reliance upon my authorization.

_____ _____

Signature of Patient (or Personal Representative) Date

_____
Printed Name of Personal Representative

Relationship to Patient: _____

Instructions to Patient (or Personal Representative):

Mail, fax or bring this Written Notice of Revocation to the Practice's Office Manager at 2266 Dutch Broadway, Elmont, NY 11003, facsimile number: (516) 775-0493. If you have any questions regarding this form, you may contact the Office Manager in person, by telephone at (516) 775-0493 or by email at privacy@kids-care.com

For the Practice's Internal Use Only:

The date on which this Written Notice of Revocation was received by the Practice is: _____. A copy of this Written Notice of Revocation shall be placed in the medical record.